

Nursing Notes



ANNOUNCING THE RELEASE OF HEALTH AND NURSING STANDARDS AND NURSING PROTOCOLS

DDS announces the release of several documents related to the health and nursing care of individuals served by the department. These include: 2 Health Standards, 4 Nursing Standards, and 2 Nursing Protocols. The purpose of the DDS Health Standards is to identify the responsibilities of the team in supporting a consumer's health care needs. The purpose of the Nursing Standards and Nursing Protocols is to identify the minimal best practice expectations for the delivery of nursing care and clinical practice. All these documents serve to clearly define the criterion for nursing staff to meet the needs of consumers for whom the DDS bears direct oversight responsibility for their health and safety. A quick overview of the content of each standard and protocol can be found in this edition. **The Health Standards, Nursing Standards and Nursing Protocols all have the same date of implementation: May 1, 2009. They should be read in their entirety as soon as possible.** Further discussion regarding these documents will be provided to public nurses at monthly meetings or by the supervising nurse and for private sector nurses at the regularly scheduled regional private sector nurses meetings. (see page 6). The assistance and input of the following private sector nurses during the development of the standards are recognized: Claire Griffith APRN formerly the Executive Director of the ARC of Quinebaug Valley; Sharon Anderson RN CDDN of CRI; Mary Alice Pelletier RN CDDN, of Key Services, Patricia Vibert RN CDDN, President of the Connecticut Developmental Disabilities Nurses Association, Susan Paier RN, of Oak Hill, Louise Hosp RN, of the Kennedy Center, Marlene Gibbs RN CDDN and Carol Crisci RN CDDN of DDN Consulting Services; Janine LaPlante RN of CSI; Cindy Vogel RN of ABD; and Kathy Hall RN formerly of RMS. These documents will be available on the DDS website www.ct.gov/DDS along with the past and present issues of this newsletter. To access this and other health/nursing related information, click "Supports and Services" on the website, then click "Health and Clinical Services".

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Health Standard # 09-1 Routine Preventive Health Care

This standard replaces Medical Advisory #98-8 and Medical Advisory #99- 2. It updates recommendations for preventive health visits, screenings, and counseling for adults with intellectual disabilities who are served by the department. This standard identifies the importance of obtaining and maintaining a personal health history for the consumer, and a health history of the person's family in the medical record. This standard contains 3 attachments.

Attachment A: Minimum Preventive Care Guidelines—This table provides a quick and easy reference of the recommended health care interventions and guidelines for optimal health maintenance through the adult lifespan. Most of these recommendations are the same as those for the general public, but this table also contains interventions that are specific to persons with developmental disabilities.

Attachment B: Health Problem and Health History List- This form provides a format for the documentation of the health history of the consumer. This is identified in this health standard to be important to the management of health care for the person. This form is intended to serve as an on-going list that is a quick and easy reference for health care providers with health history questions. It is an example of how this expectation can be met.

Attachment C: Family Health History- This required document is an update of the form previously identified to be used to record the health history of a consumer's family members. Family history is an important consideration in determining risk factors for the development of certain health concerns.

Health Standard # 09-2

Guidelines for Deferred, Limited, or Declined Health Care

This new standard was developed as a result of the findings of various quality oversight activities undertaken by the department and involves one of the responsibilities of the DDS Commissioner which is to assure that persons placed or treated under his direction receive prompt, sufficient and appropriate medical and dental treatment. The standard is intended to identify the department process to safeguard the best interests of the consumer by providing guidance to teams regarding health care decisions made by the consumer, his health care provider, or family/guardian. At times, persons supported by DDS make uninformed decisions or decisions which are based upon fear or other factors. At times families/guardians and/or health care providers make decisions about routine health care for the person without all the information they need about the care or about the person. These types of decisions may be well intentioned, but may be made based more upon the person's disability than on his need or generally recommended health care guidelines. In these situations, the team is required to discuss the matter, identify necessary supports or other actions to assist the person, communicate with his family/guardian and/or his health care provider, and to document the outcomes. The need for periodic reconsideration of certain health decisions is also identified in this document.

This standard incorporates and updates concepts from Nursing Standards 96.1 and 96.2 which it will replace. The expectations for nursing care that is to be provided by licensed nurses who support consumers of the department is identified in this new standard. The changes include:

- Clarification of the role of the LPN in supporting the nursing process in the DDS service delivery system as defined by the Connecticut Board of Examiners for Nursing
- Clarification of wording contained in the old standards that indicates the need for the RN to provide assessment at the time of "acceptance" of a person to any program or facility. The new standard separates the requirements for admission vs. re-admission. It indicates that the person shall be assessed by the RN prior to acceptance or within 2 working days of initial admission to a site. The requirement for assessment of a person returning to a site following a hospital or SNF stay, has been expanded to include the option that the RN may assess the person within 24 hours prior to hospital/SNF discharge or within 2 working days following readmission. The circumstances under which an RN On Call can be utilized in these situations is also identified in this standard.
- Identification of the requirements for nurses in other sectors of the DDS service system such as respite centers, CTH, and Individual and Family Supports.

Nursing Standard # NS 09.2

Medications Administered on an As Needed/PRN Basis

This is a new standard that has been developed in response to identified concerns identified during the mortality review process. The components of this standard have been discussed at public nurses meetings and regional private provider nursing meetings dating back more than 1 year. The notice of the changes outlined in this standard have been shared in advance to provide ample opportunity for private sector nurses to change from the practice of "Standing Orders" that were in place to provide staff with approved orders for treatment of common conditions. These orders however were implemented by certified non-licensed personnel often in lieu of contacting the RN. And frequently relied upon non-licensed personnel to determine the condition of the person based upon their observations, and to administer the appropriate treatment from the approved list (i.e., Calamine lotion for poison ivy, Maalox for heartburn). This practice was determined to be unsafe as it can contribute to the masking of significant symptoms and/or a delay in treatment. For this reason, this standard identifies:

- That standing orders are no longer permissible
- That PRN/as needed orders can be obtained from the person's health care provider for predictable common concerns as identified for that person (e.g., menstrual cramps, constipation, elevated temperatures, etc.)
- That administration instructions for PRN orders provide specific information as to the indication for use so there is no expectation for non-licensed staff to make a determination
- That all PRN orders are included with all the other routine orders that are reviewed and renewed every 180/90 days as specific to site.

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Nursing Standard # NS 09.2 (continued)

- That the pharmacist is advised of all prescribed medications including PRNs the person may receive to ensure that potential interactions are identified.
- That the use of PRN medications which are related to a change of condition (e.g., elevated temperature, diarrhea, etc.) of the person are reported to the RN prior to use
- That the effect of medications given on a PRN basis is documented.

Nursing Standard #NS 09.3

LPN Participation in the Medication Certification Process

This standard is new and includes the process approved by the Board of Examiners for Nursing in June 2005 to allow LPNs to have a limited role in the Medication Administration Certification Process. This standard identifies the experience, training and skill requirements for an LPN to be granted " Authorization" from the department. This authorization allows the delegation by an RN to the LPN, of limited responsibilities associated with the medication certification process. Currently this process is only open to LPNs employed by private agencies. LPNs employed by DDS currently cannot be authorized and therefore have no role in the medication administration certification process including retraining.

Nursing Standard # NS 09.4 On-Site Practicum Process

This standard is new, but it replaces guidelines that were distributed to nurses in December 2005. It contains the expectations of the department for the completion of the On-Site Practicum process associated with medication administration certification requirements identified in the DDS Medication Regulations. Prior to this revision, the recommendations of private and public nurses who are responsible for the completion of this process was sought. Many nurses responded with suggestions about how the process could be improved. Some nurses requested that we limit the process. This suggestion was given serious consideration but after further review, it was determined that all the elements identified in Checklist A and B were significant to ensuring that certified staff receive the person, site, and agency specific training, and demonstrate a skill base that is necessary to ensure the health and safety of consumers. This standard includes 4 attachments which are further described below.

Attachment A-1: Checklist A- This document has been modified in all 3 sections but it continues to provide the same options for the presentation of the information.

- Section 1 was re-ordered and also includes some additional information that needs to be reviewed (i.e., delegation of responsibility by RN to staff, controlled drug counts, faxed orders).
- Section 2 was expanded to include more information regarding communication with the RN and the documentation of this contact.

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- Section 3 was modified so that training on administration routes connected with med admin could be documented undertaken as part of the practicum process.

Attachment B-1: Checklist B- This document has been revised to expand the content of the checklist and/or make the language clearer. The checklist has been reordered to improve the flow of the process,

Attachment A-2: Guidelines for Checklist A of the On-Site Practicum Process and

Attachment B-2 Guidelines for Checklist B of the On-Site Practicum Process - These

guidelines explain the expectations for each element contained in Checklist A and Checklist B. Information is contained in these guidelines that reminds the RN of her/his responsibilities in the delegation process as outlined by the Board of Examiners for Nursing. DDS accepts options in the completion of these Checklists that are believed to meet the intent of the Board as addressed in the Declaratory Ruling on Delegation. The final determination is up to each registered nurse.

OPTIONS for Completion of Checklist A:

- Can be completed individually with each certified staff on one or more days.
- Sections #1 & 2 can be completed in class setting and Section #3 can be completed at each site. This training can be indicated on one form or by attaching separate form for #3.
- Section #3 can be completed as part of a class presentation. Nurse needs to indicate all applicable sites for which information was provided and indicate the person specific information covered. This needs to be documented under "Comments" or documented on an attached form. It is strongly recommended that the RN ensure that this attached documentation is specific about the person specific information that was presented.

OPTIONS for Completion of Checklist B:

- RN can complete the required Checklist B skill demonstration as outlined at all sites where staff are delegated responsibility.
- RN can complete Checklist B at one site and if the same routes of medication are given at a second site, just ensure that a copy of the completed Checklist B is at all sites that that nurse delegates responsibility to that staff.
- RN can complete Checklist B at primary work site of employee and perform a 2nd practicum at any site where staff would administer different forms of medication (i.e., inhalation meds, ear drops). Copy of both Checklist B documents should be at applicable sites.
- Different RNs can choose to accept the Checklist B done by RN at person's primary worksite. The delegating RN at secondary site(s) should sign a copy of the Checklist B done by the other nurse and indicate her/his agreement and acceptance of the competency .

Nurses may begin to use the revised Checklist A and B forms as soon as they are released, but full implementation is required by May 1, 2009.

Nursing Protocol #NP 09-1: Care of Persons With Gastrostomy Tubes

Nursing Protocol # NP 09-2: Care of Persons With

Jejunostomy Tubes or Gastrojejunal Tubes

These protocols are intended to delineate the complexities of caring for persons with enteral feeding tubes and to identify the planning, teaching, oversight, and coordination roles of the nurse. They identify interventions starting with the immediate post-operative period and continuing through the remainder of the person's life. They indicate the need for licensed nurses and/or delegated non-licensed staff to check the placement of tubes prior to each introduction of fluids, medications, and/or nutritional products into the person's feeding tube. The department has identified 2 acceptable methods to check tube placement that are consistent with current evidence based practices. These methods are: comparison of tube markings to an identified baseline and measurement of tube length with comparison against an identified baseline. These methods of checking tube placements are considered to be more reliable than the previously used methods that involve the checking of the pH of contents aspirated from the stomach, the instillation of an air bolus with auscultation or the observation of aspirated gastric contents. These other methods may still be used as a secondary check of tube placement if recommended by the person's health care provider. All licensed nurses who care for consumers with feeding tubes shall be required to incorporate evidence based best practices into the nursing care that is provided. Public nurses are required to implement these procedures as written unless there is an approved person specific reason to deviate from the outlined protocol. Private sector nurses may follow this protocol as written or may develop a substantively similar protocol that incorporates evidence based practices for the care of persons with enteral feeding tubes. There are 2 attachments to these protocols which are formatted so that they can be customized for each person.

More Nurses to Congratulate

CONGRATULATIONS are in order to the following nurses who demonstrated their expertise in the area of Developmental Disabilities Nursing by successfully passing the certification examination administered by the Developmental Disabilities Nurses Association in June 2008:

Lisa Banning RN CDDN	Ability Beyond Disability
Sandy Barberi RN CDDN	DDS, Division of Investigations
Michelle Downing LPN DDC	Ability Beyond Disability
Trish Green RN CDDN	Ability Beyond Disability
Denise MacCauley RN CDDN	DDN Consulting Services
Rose Diane Ryan RN CDDN	DDS, Division of Investigation
Cindy Tilles RN CDDN	Ability Beyond Disability

Regional Private Provider Nurses Meetings

North Region Meeting: Next meeting planned for March 11th contact Trish Lilley: patricia.lilley@ct.gov or 860-263-2530 for time and location.

South Region Meetings: Next meeting planned for March 17th contact Cee Cee Fassbender : Celeste.Fassbender@ct.gov or 203- 294-5089 OR Fran Park: Frances.Park @ct.gov or 860- 859-5489 for time and location.

West Regions Meetings: Next meeting planned for March 19th. Contact Lilarose Hulton: lilarose.hulton@ct.gov or 203- 455-3178 OR Janette Steward : Janette.Steward@ct.gov or 203- 806-8725 for time and location.

If you are not aware of the specifics of a meeting, please contact the identified nurse

Because We All Can Use a Good Laugh These Days

Three doctors and three nurses are traveling by train to a conference. At the station, the three doctors each buy tickets and watch as the three nurses buy only a single ticket. "How are three people going to travel on only one ticket?" asks a doctor.

"Watch and you'll see", answered a nurse. They all board the train. The doctors take their respective seats but all three nurses cram into a restroom and close the door behind them. Shortly after the train has departed, the conductor comes around collecting tickets. He knocks on the restroom door and says, "Ticket please."

The door opens just a crack and a single arm emerges with a ticket in hand. The conductor takes it and moves on. The doctors saw this and agreed it was quite a clever idea. So after the conference, the doctors decide to copy the nurses on the return trip and save some money. When they get to the station, they buy a single ticket for the return trip. To their astonishment, the nurses don't buy a ticket at all. "How are you going to travel without a ticket?" says one perplexed doctor.

"Watch and you'll see", answered a nurse. When they board the train the three doctors cram into a restroom and the three nurses cram into another one nearby. The train departs. Shortly afterward, one of the nurses leaves the restroom and walks over to the restroom where the doctors are hiding. The nurse knocks on the door and says, "Ticket please."

**Anticipated date of release for the next issue of *DDS Nursing Notes*
around June 1st**